



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Delaware Board of Plumbing Examiners Affidavit of Employment

### **THIS SECTION TO BE COMPLETED BY APPLICANT** (Duplicate form as needed)

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

***Employer's Name:*** \_\_\_\_\_ ***Telephone Number:*** \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

### **THIS SECTION TO BE COMPLETED BY EMPLOYER**

**Instructions:** The above applicant has applied to the Delaware Board of Plumbing Examiners for licensure. The applicant's supervising licensed plumber must complete this form. A notary seal is required. **Please return to:**  
**Delaware Board of Plumbing Examiners at address above.**

***"SUPERVISION" OF THE APPLICANT MEANS THAT THE APPLICANT HAS PERFORMED PLUMBING SERVICES WHILE EMPLOYED BY A LICENSED PLUMBER, (OR THE SAME FIRM, PARTNERSHIP, CORPORATION, OR OWNERS OF THE COMPANY AS THE LICENSED PLUMBER) AND PERFORMED UNDER THAT PLUMBER'S LICENSE.***

***"PLUMBING SERVICES" MEANS PRACTICAL, HANDS-ON EXPERIENCE WORKING WITH TOOLS IN THE INSTALLATION, MAINTENANCE, EXTENSION, ALTERATION, REPAIR AND REMOVAL OF ALL PIPING, PLUMBING FIXTURES, PLUMBING APPLIANCES AND PLUMBING APPARATUS. IT DOES NOT INCLUDE TIME SPENT IN SUPERVISING, ENGINEERING, ESTIMATING AND OTHER MANAGERIAL TASKS, NOR TIME SPENT IN WORKING WITH AN ENTITY AUTHORIZED TO PERFORM PLUMBING SERVICES, BUT ON MENIAL TASKS OR ON TASKS WHICH DO NOT CONSTITUTE THE PRACTICE OF PLUMBING, SUCH AS SEWER CLEANING.***

**NOTE:** It is a violation of the Board's Law and Rules and Regulations for a licensed Plumber to knowingly help another to violate or avoid the applicable licensing laws or State Plumbing Code, 24 Del.C., § 1810(a); Rule 6.4.

**Supervisor:**

Licensed Plumber who provided supervision: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ State in which license is held: \_\_\_\_\_

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**The above applicant has been employed as follows:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Describe the duties performed while under supervision. (Use additional sheets if needed)

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**AFFIDAVIT**

County of \_\_\_\_\_

State of \_\_\_\_\_

I, \_\_\_\_\_, the employer/supervisor named herein, do declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Employer/Supervisor of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

**SEAL**

**Please return to Delaware Board of Plumbing Examiners at address above.**